

## Personal History Record and Background Disclosure Form

## for Charitable Gaming Licensees and Nebraska (State) Lottery Vendors

<u> </u>			
Company Name	Address	City	State

This form must be completed by each sole proprietor, partner, officer, director, board member, limited liability company member, and shareholder holding ten percent (10%) or more of the debt or equity of the applicant, contractor, or licensee.

Type an answer to every question. If a question does not apply to you, indicate N/A. If there is not sufficient space, use a separate sheet of paper labeled with the appropriate title of the section. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. You are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be sufficient cause to deny a license application or suspend, cancel, or revoke an existing license or contract.

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1 PERSONAL INF	ORMATIO	N														
Last Name		F	First Name					Middle Name Maid					Maide	flaiden Name		
Alias(es), Nickname(s), Ot	her Name Cha	anges,	Legal or	Otherwise												
Current Home Address								Own Home Telephone Number						Work Telephone Number		
								Rent	- I							
City State Zip C							Zip Co	de Social Security Number								
Birth Date	Birth Place (City, State, Country)						Sex	Driver's License Number State								
Hair Color	1	E	Eye Color					Height	<u> </u>					/eight		
Scars, Tattoos or Distinguishing Marks and/or Characteristics						Personal E-Mail Address					Business E-Mail Address					
Are you a citizen of the United States? If alien, registration no.				If naturalized, certificate no. Date					Place							
• List all p	previous add	dress	es for th	ne past t	en (1	0) years	starting	g with most	re	ecent (	use month	and ye	ar for	date	inform	ation).
	Address			-			City				From	То		(~		Other
	Audiess						City		_`	State	FIOIII	10		Own	Rent	(i.e., parents)
											-					
O MADITAL INICOL																
2 MARITAL INFO									_	¬						
Single		Marrie		Se	parated Divorced Widowed En			Eng	aged							
Current Marriage (Date, C	ity, County, and	d State	e)													
Spouse's Full Name (Maiden) Social Sec				ecurity Number Date of			Date of Birth	Place of Birth (City, County				ounty,	ly, State)			
Spouse's Residence Addre	ess if Different	(Stree	t, City, St	ate, and Z	ip Cod	de)		1								
Spouse's Employer				Occupation			Home Telephone Number			ımber	Work Telephone Number					
Address of Employer (Stre	et, City, State,	and Zi	ip Code)							`	,			,	,	
	PRE	EVIOL	JS MAR	RIAGES	(If ev	ver legall	y sepa	rated, divor	ce	d, or a	nnulled, in	dicate b	elow)			
Current Name of Previous Spouse						City, County, and State of Order or Decree					Ī	Date				
				AND CUI	RREN	NT ADDR		F YOUR MO				OUS SF	OUSI	Ε	<b>-</b> ·	
Current Name of Previous Spouse					Street, City, State, Zip Code						Telephone No.					

List all persons 18 years o     Name										
		or older living at any residence(s) at which you reside (other than spouse)  Date of Birth Relationship (i.e., relative, boarder, roommate, u								
Hamo	D	Date of Birth Relationship (i.				.e., relative, boarder, roommate, unmarried partner)				
	ves (including in-	laws) who			of Nebraska					
Name	Relationship		Ag	jency			Locatio	n		
4 POST-HIGH SCHOOL EDUCATIONAL H	ISTORY									
Name and Location of Educational Institution	Erom				No.	GRADUATION				
Name and Essation of Educational motitation	(Year)	(Year)	i leius	of Hrs.	Year Degree Awarde		e Awarded			
Name			Major							
Location			Minor							
Name			Major							
5 MILITARY SERVICE			Minor							
Branch					Honorable	Discharge	<del></del>			
					YES	;	NO			
Rank/Rate Militar	y Identification Number	er	Dates of S	ervice						
			From:			То:				
Duties										
AMI-Star for the constitution of the constitut		-1								
While in the military service, were you ever arrested special or general court martial?	for an offense which	ch resulted	in summary action	on, a trial, or			NO			
If Yes, furnish details on separate sheet.					YES	·	NO			
6 CERTIFICATES AND LICENSES										
List any professional and/or vocational cer	tificates, licenses	, and/or po	ermits you have	received, ir	cluding gover	nment s	ecurity cl	earances.		
C	ertificate					٧/٨	LID			
Ce	ertificate					VA	LID			
					From		LID	То		
					From		LID	То		
					From			То		
					From		LID	То		
7 EMPLOYMENT HISTORY					From		LID	То		
7 EMPLOYMENT HISTORY  • List all positions held for the pas	t ten (10) years, st	arting wit	n your most curr	ent. Attach						
List all positions held for the pas     EMPLOYER	t ten (10) years, st		n your most curr of Position	ent. Attach			ecessary			
List all positions held for the pas     EMPLOYER (Name, Address, and Telephone Number)		Title		ent. Attach Salary	additional paç	ge(s) if n	ecessary			
List all positions held for the pas     EMPLOYER	Supervisor's	Title	of Position		additional paç Total	ge(s) if n	ecessary EMPLC	YMENT		
List all positions held for the pas     EMPLOYER (Name, Address, and Telephone Number)	Supervisor's	Title	of Position		additional paç Total	ge(s) if n	ecessary EMPLC	YMENT		
List all positions held for the pas     EMPLOYER (Name, Address, and Telephone Number)	Supervisor's	Title	of Position		additional paç Total	ge(s) if n	ecessary EMPLC	YMENT		
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List all positions held for the pas     EMPLOYER (Name, Address, and Telephone Number)	Supervisor's	Title	of Position		additional paç Total	ge(s) if n	ecessary EMPLC	YMENT		
List all positions held for the pas     EMPLOYER     (Name, Address, and Telephone Number)  Current Position:	Supervisor's Name	Title	of Position		additional pag Total Compensati	ge(s) if n	ecessary EMPLC From	YMENT		
List all positions held for the pase EMPLOYER (Name, Address, and Telephone Number)  Current Position:  Have you ever been dismissed or asked to resign for the pase of t	Supervisor's Name	Title	of Position		additional paç Total	ge(s) if n	ecessary EMPLC	YMENT		
List all positions held for the pas     EMPLOYER     (Name, Address, and Telephone Number)  Current Position:	Supervisor's Name	Title	of Position		additional pag Total Compensati	ge(s) if n	ecessary EMPLC From	YMENT		

8 EXPER	B EXPERIENCE IN THE GAMING INDUSTRY (Use month and year for date inference in the property of						ion) From	То	Immediate Supervisor			
9 CIVIL C	OURT RE	CORDS										
• List all o	ccasions v	when you	n have been a participant gments, divorces, etc.	(plaintiff,	defendant, or	witness) in a c	ourt action	n. Include	corporate and personal			
Date City State Court												
Nature and Dis	sposition of C	ase				<u> </u>						
Date		City				State	Court					
Nature and Dis	id Disposition of Case											
10 CRIMI	NAL COU	RT REC	ORDS									
not appe	ear in cour	t, found i		ettled by					if not formally charged, did t those legally expunged by a			
Date		Place				Charge						
Final Disposition	n											
Describe Natur	e of Incident											
Date Place Charge												
Final Disposition	n											
Describe Natur	e of Incident											
11 BANK	RUPTCY	(Person	al and/or Business)									
Have you be	_		pankrupt or filed a petition for feet, complete the following		e of bankruptcy	or insolvency u	nder any	bankruptcy	or insolvency law?			
Date Filed	Docket N	umber	Name and Address of	Court	Name and	Address of Fili	ng Party	Na	me and Address of Trustee			
12 MISCE	LLANEO	US INFO	DRMATION		1			'				
1 Have you	sustained	either a p	ersonal or corporate loss w	here a sig	gnificant insurar	nce payment wa	s received	d?				
YE	S	NO I	f Yes, explain:									
2 Have you			n businesses/companies wl f Yes, explain:		•			Ū				
			d, and/or been denied a liqu									
YE	s 🗌	NO I	f Yes, explain:									
		-	or a bettor with any illegal sp			•						
YE			f Yes, explain:									
			eas you would like to discus			•						
YE			f Yes, explain:									
6 Have you	• • • • • • • • • • • • • • • • • • • •		l/or been investigated for and Yes, where?		•		in Nebra	ska or ano	ther state?			

		p interest or financial investment in any ning Divisions of the Nebraska Depart		cation or seeking a	contract/license with the Lottery
	YES NO	If Yes, state name of business entity business entity which your interest of		terest investment ar	nd the percent of ownership in the
8 Do yo	ou hold or have you e	ever held a financial or ownership inter	rest in any gambling or gaming	venture:	
	YES NO	If Yes, describe each such interest:			
9 Have	you filed your state	of residence income tax returns for the	e previous 3 years?		
	YES NO	If Yes, list the state, province, or for	reign country where you filed: _		
I <b>0</b> Have	· · —	al income tax returns for the previous 3	3 years?		
	YES NO		and a fee		
1 If you	answered No to eitr	ner/both question(s) 9 or 10, please ex	plain:		
	ADIZED AUTUO	NZATION .			
	ARIZED AUTHOR derstand that my s	RIZATION ignature on this form authorizes the	e following for use in determ	nining my suitabilit	y to be licensed by or party to
a co	ontract with the Ne	braska Department of Revenue:	-		
1	Nebraska Departm	osure and release of any and all rec ent of Revenue, or any law enforceme owing understandings:			
	a The information	on reviewed, disclosed, and/or release	ed may be used by the State of	Nebraska for any la	awful purpose.
	privacy laws;	providers and users of the informatio and further release the State of Nebra collection and use of the information.			
	appropriate a	zation is not sufficient to obtain access uthorization or release and that any to s review of my application or bid propo	failure to do so may be taken	stood that I may be r into consideration	equested to execute some other by the Nebraska Department of
	revocation of	that I may revoke this authorization in this authorization into consideration in	its review of any application o	r contract.	ment of Revenue may take such
_	,	of this authorization will have the same	· ·		
2	retail credit agenci results of polygrap made by or agains	ete disclosure of the records of educatives, public utility companies, employment examinations, efficiency ratings, count me including but not limited to the record any records of any type whatsoevel	nent and pre-employment recomplaints or grievances filed cords and recollections of attor	ords including back against me, records rneys at law, or othe	ground investigation reports, the s of complaints of a civil nature r counsel representing or having
3	The Internal Reve	nue Service to furnish to the Nebrask t three (3) years (attach photocopy o	a Department of Revenue tax		
4		au of Investigation to release any rec		0 ,	
5		mary of Your Rights Under the Fair Cro	,		
_	examined this form	ies of law, I am voluntarily submitting this Po and to the best of my knowledge and be any rules or regulations adopted pursuant to	lief, it is correct and complete. I a		
sign					
nere	Signature				
	Individual's Name	Typed			
(CEAL)					
(SEAL)					me, the undersigned authority,, A.D. 20
			State of		)
			County of		) 55.
			Signature of Nota	ry Public	